



Evaluation • Management • Training

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MEMORANDUM

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Date: Friday, April 11, 2003  
To: Current Safe and Drug Free Schools and Communities (SDFSC) Grantees  
Sender: Chrissy Kord, Prevention TA Project Manager  
Subject: Participant Travel Reimbursements  
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Good morning!

The EMT Group, on behalf of the Department of Alcohol and Drug Programs, will reimburse current SDFSC grantees the travel costs associated with required attendance at the May 6, 2004 Technical Assistance and Training meeting in Sacramento, CA. Please note that EMT will not reimburse for travel costs associated with attendance at the optional May 5, 2004 meeting.

We will be adhering to EMT internal accounting procedures, which may represent a deviation from previous reporting practices. Specifically, EMT will not be paying a per diem however, we will reimburse for actual expenses up to the allowance as allowed by state regulations including:  
airfare (to \$250); rental car (to 2 days to \$40/day) and rental car gas (non prepaid, to \$20); parking (to \$20); shuttle (to \$20); hotel (1 night to \$84/night + tax); meals (please see attached guidelines for specification); and personal mileage (\$0.34/mile to 300 miles).

Please note:

- Receipts must accompany all items except personal mileage, tolls, and metered parking.
- All paperwork (invoice, expense form and all original receipts) must be returned to EMT by June 20, 2004 for reimbursement. EMT will no longer process reimbursements after this date.
- You must register to attend the training and be a current SDFSC grantee to be eligible for reimbursement.
- EMT will reimburse individual travel costs as soon as possible within 60 days of receipt of all original paperwork.

Please do not hesitate to call if you have any questions and I look forward to seeing you in May!

Sincerely,  
Chrissy Kord  
Prevention TA Project Manager  
[cmkord@emt.org](mailto:cmkord@emt.org)

# Invoice Form

TA Number: 70-537-0

Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

Services Provided: Participation in the May 6, 2003 **SDFSC Grantees Technical Assistance Meeting.**

Terms:

**Total Expenses:** \_\_\_\_\_

**Invoice Total:** \_\_\_\_\_ (Not to exceed \$500.00)

Make check payable to employer organization? ☐ Yes ☐ No

If yes, please provide:

Organization Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_

FEDERAL ID # (required) \_\_\_\_\_

Signature: \_\_\_\_\_

Have you submitted your:

☐ Signed Reimbursement Form

☐ Receipts for All Expenses

Thank You!

**INVOICE, EXPENSE FORM, AND ALL ORIGINAL RECEIPTS MUST BE RETURNED  
TO EMT BY JUNE 20, 2004 FOR REIMBURSEMENT.**

Please mail to Chrissy Kord at EMT, 391 S. Lexington Drive, Suite 110, Folsom, CA 95630

You must register and be a current SDFSC grantee to be eligible for reimbursement.

Questions? Call EMT at 916-983-9506.

# EXPENSE REIMBURSEMENT REQUEST FORM

Name: \_\_\_\_\_

County: \_\_\_\_\_

TA 70-537-0

The following expenses are reimbursable: airfare (to \$250), rental car (to 2 days to \$40/day), rental car gas (non prepaid, to \$20), parking (to \$20), shuttle (to \$20), hotel (1 night to \$84/night + tax), meals (please see attached guidelines for specification), and personal mileage (\$0.34/mile to 300 miles).

Receipts must accompany all items except personal mileage, tolls, and metered parking.

Date of Expense							Totals
<b>Transportation</b>							
Airfare							
Car Rental							
Rental Gas w/ receipt from pump (pre-paid fuel option is not reimbursable)							
Personal Mileage @ 34 cents/mile							
Parking							
Other (train, cab, bus, tolls)							
<b>Living Expenses</b>							
Lodging (maximum \$84/night + tax)							
Breakfast (max. amt. \$6.00)							
Lunch (max. amt. \$10.00)							
Dinner (max. amt. \$18.00)							
<b>Additional Expenses</b> (all expenses are subject to approval)							
Photocopying/Reproduction							
Postage/Shipping							
Telephone/FAX							
Office Expense/Materials							
Other:							
Comments: _____						<b>TOTAL EXPENSES:</b>	

EMT Approval: \_\_\_\_\_

Consultant Signature: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:** You **MUST COMPLETE** the section below if you travel **more than 25 miles** from your operations base. Forms will be returned for completion if this section is blank (use back if necessary).

Departure		Arrival		Points of Travel		Reasons For Travel
Date	Hour	Date	Hour	From	To	

All expenses must be SPECIFICALLY OUTLINED or they will not be paid.  
Expenses will be paid in accordance with the following State Guidelines:

## Travel and Subsistence Guidelines California Department of Alcohol and Drug Programs

**TRAVEL:** The Department will pay commuter-type transportation costs from your headquarters (this may be your home) to the place of the meeting, training, etc. Amounts claimed without justification are considered taxable income.

**TRAVEL BY PERSONAL AUTOMOBILE**      34 cents per mile.

Where public transportation is not available or is available only with an undue loss of time, mileage for your personal automobile is allowed. Where automobile travel is an option and there is adequate public transportation, travel allowance will be made on the basis of the cost of the lowest rail, bus, or airfare available in lieu of the automobile mileage.

**SUBSISTENCE:** *Actual costs* for meals and lodging (*with receipts*) may be claimed in accordance with the following guidelines:

**MEALS: Meal allowances are set by the State. There will be no exceptions, please read carefully!**

MAXIMUM AMOUNTS:	BREAKFAST \$6.00	LUNCH \$10.00	DINNER \$18.00
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Breakfast:      To claim breakfast, travel must begin before 6 a.m.

Lunch:      To claim lunch, travel status must be at least 24 hours and travel must begin at or before 11 a.m.

Dinner:      To claim dinner, travel must begin at or before 5 p.m.

**FOR TRAVEL OF LESS THAN 24 HOURS:**

To claim breakfast, travel must begin at or before 6 a.m. and end at or after 9 a.m.

To claim dinner, travel must begin at or before 4 p.m. and end at or after 7 p.m.

**No lunch may be reimbursed on travel of less than 24 hours.**

**FOR TRAVEL OF MORE THAN 24 HOURS:**

**ON THE FIRST DAY OF TRAVEL AT THE BEGINNING OF A TRIP,** TRAVEL MUST BEGIN AT OR BEFORE:

6 a.m. for breakfast to be claimed

11 a.m. for lunch to be claimed

5 p.m. for dinner to be claimed

**FRACTIONAL DAY OF TRAVEL AT END OF TRIP,** TRAVEL MUST END AT OR AFTER:

8 a.m. for breakfast to be claimed

2 p.m. for lunch to be claimed

7 p.m. for dinner to be claimed

**LODGING:**      Reimbursed at actual cost, with receipt, up to \$84 plus tax (\$110 in the counties of Los Angeles and San Diego, \$140 in the counties of Alameda, San Francisco, San Mateo, and Santa Clara).

**OTHER ALLOWABLE COSTS:** It may be permissible for parking, airport shuttles, taxi fares, etc. to be reimbursed in connection with State business (providing original receipts are submitted with the claim).